If the entry in column 2 is less than the entry in column 4, write "0" in column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" In this space.

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1, of a prior amendment or the number of claims originally filed.

Total Additional Fee for this Amendment

The following other fees are incurred by the accompanying papers.

Other: Terminal Disclaimer

- Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,150.00. A duplicate copy of this petition is attached.
- If an additional extension of time is required, please consider this a request therefore.
- The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

21069

U.S. Patent Operations/TJG Dept. 4300, M/S 28-2-C

AMGEN INC.

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EXPRESS MAIL CERTIFICATE					
Express Mail" mail labeling number:	EL 732697940 US		Date of Deposit	August 7, 2007	
hereby certly that this paper or tee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date understand above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Sherry St. Andrew					
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